

PORTAL CMS 1500 SUBMISSION GUIDE

CLAIM SUBMISSION

Claim Submission via online portal is a tool that allows the provider to submit a claim and attachments electronically to South Dakota Medicaid. This guide will outline Portal Claim Submission variances. All SD Medicaid Billing instructions apply. Please review:
<https://dss.sd.gov/medicaid/providers/billingmanuals/>

CLAIM SUBMISSION PERMISSIONS

A Provider Administrator has the ability to add Claim Submission and/or Claim Submission View to the appropriate Provider User staff. Open User Maintenance, under the Administration tab. Select the user you would like to add the permissions to. Click Update, then click Next. In the permission Available select Claim Submission to allow the user to submit CMS 1500 claims and/or Claim Submission View which allows the user to view their submitted claims for the NPIs in their profile. Once selected click the arrow that is pointing to the right to move these options to the selected users' permissions and click "Update"

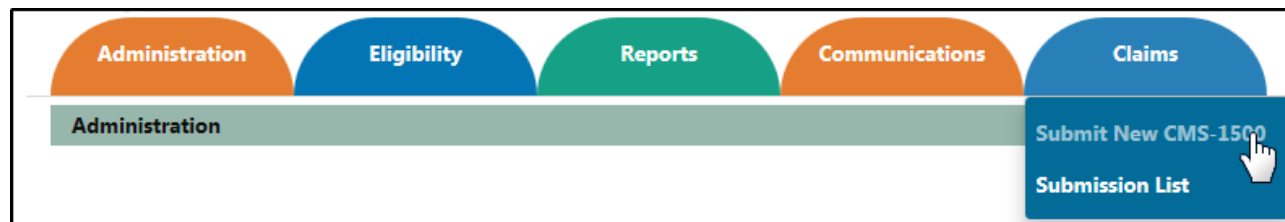
Permissions Available		Permissions Selected
<input checked="" type="checkbox"/> Select All		<input type="checkbox"/> Select All
<input checked="" type="checkbox"/> Claim Submission	→	<input type="checkbox"/> H.Home - Core Services
<input checked="" type="checkbox"/> Claim Submission View	←	<input type="checkbox"/> H.Home - RA
		<input type="checkbox"/> Negative Balance Report
		<input type="checkbox"/> PCP - Case Load
		<input type="checkbox"/> PCP - Claims Paid
		<input type="checkbox"/> PCP - RA

Once permissions are updated the user will see the Claims tab



SUBMIT A CLAIM

Under the Claims menu, hover over the Claims tab with your mouse and select Submit New CMS 1500



For the online claim submission, the CMS 1500 Claim form has been split into 4 separate sections. Each section will be required to be “saved” prior to proceeding to the following section. As a user, you have the ability to “Update” your saved section if changes are needed.

Section 1 (Recipient and Billing Provider information)

Select the type of claim you will be submitting. You may either select Medicaid where Medicaid is the primary payor or Medicare Xover to submit a Medicare Crossover claim.

* Denotes a required field

Submit New CMS - 1500

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/medicaid/providers for additional information about billing requirements.

* Denotes required field. A record can only be saved if all required fields have been completed.

1. SELECT CLAIM TYPE *	<div> Select Type </div> <div> Select Type Medicaid Medicare Xover </div>	33. BILLING PROVIDER ZIP CODE *	
1a. INSURED'S I.D. NUMBER *	<div> Verify </div>	33a. BILLING PROVIDER NPI *	
2. PATIENT'S NAME		33b. BILLING PROVIDER TAXONOMY *	
3. PATIENT'S BIRTH DATE		PATIENT'S SEX	
5. PATIENT'S ADDRESS			

9. OTHER INSURED'S NAME		10. IS PATIENT'S CONDITION RELATED TO:
9a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME		b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO

Save

After selecting the Claim type enter the recipients 9-digit Medicaid ID number and hit Verify. This will populate the recipient's information in the following fields: Patient's Name, Patients Birth Date, Patients Sex and Patient's Address. Please confirm all information prior to continuing.

Administration	Eligibility	Reports	Communications	Claims
Submit New CMS - 1500				
The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov for additional information billing requirements.				
* Denotes required field. A record can only be saved if all required fields have been completed.				
1. SELECT CLAIM TYPE *	Medicaid	33. BILLING PROVIDER ZIP CODE *	57501-1234	
1a. INSURED'S I.D. NUMBER *	000000123	33a. BILLING PROVIDER NPI *	1234567890	
2. PATIENT'S NAME	DOE, JACK	33b. BILLING PROVIDER TAXONOMY *	123x12345x	
3. PATIENT'S BIRTH DATE	07/01/1944	PATIENT'S SEX	M	
5. PATIENT'S ADDRESS	700 GOVERNORS DR PIERRE SD 575011234			
9. OTHER INSURED'S NAME		10. IS PATIENT'S CONDITION RELATED TO:		
9a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO		
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME		b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO		
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO		c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Save				

Continue entering in the required information: Billing Provider Zip Code, Billing Provider NPI, Billing Provider Taxonomy.

Please enter in any TPL information or Condition information if applicable.

Once this section is complete hit the Save button. You will not be able to move to the next section unless the previous section has been saved.

Section 2 (Referring, notes, diagnosis, and PA)


Referring Provider or Other source:

Note that if an Ordering, Referring or Prescribing NPI is entered, you will be required to enter the Doctors name.

Additional Claim Information is limited to 80 Characters. This may be used for items such as broken beyond repair or trip information.

Diagnosis codes: The Claims Submission application will only allow ICD – 10 diagnosis codes. Do not enter any decimal points.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	<input type="text" value="Dr. Jane Smith"/>	17b. REFERRING, ORDERING, OR PRESCRIBING NPI	<input type="text" value="1234567890"/>
19. ADDITIONAL CLAIM INFORMATION			
<div style="border: 1px solid #ccc; padding: 5px; min-height: 30px;">80 Character Limitation</div>			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY *			
A	<input type="text" value="F809"/> <input type="button" value="x"/>	B	<input type="text"/>
C	<input type="text"/>	D	<input type="text"/>
E	<input type="text"/>	F	<input type="text"/>
G	<input type="text"/>	H	<input type="text"/>
I	<input type="text"/>	J	<input type="text"/>
K	<input type="text"/>	L	<input type="text"/>
22. RESUBMISSION CODE		ORIGINAL REFERENCE NO	
<div style="border: 1px solid #ccc; padding: 2px;">For Future Development ▼</div>		<div style="border: 1px solid #ccc; padding: 2px;">For Future Development</div>	
23. PRIOR AUTHORIZATION NUMBER			
<div style="border: 1px solid #ccc; height: 20px;"></div>			



Hit the Save Button

Section 3 (Procedure information)

Enter procedure information. Please use the drop downs such as “Emergent/Urgent” or “EPSDT/Family Planning” if applicable.

24.	1 *	2	3	4	5	6
A. FROM DOS *	<input type="text" value="05/01/2019"/> <input type="button" value="calendar"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO DOS *	<input type="text" value="05/01/2019"/> <input type="button" value="calendar"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. PLACE OF SERVICE *	<input type="text" value="11"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. EMERGENCY	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	<input type="text" value="99123"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROCEDURE MODIFIER	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>
NDC	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>
NDC QUANTITY	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>
NDC UNIT OF MEASURE	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
E. DIAGNOSIS POINTER *	<div style="border: 1px solid #ccc; padding: 2px;">A ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">A ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">A ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">A ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">A ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">A ▼</div>
F. \$ CHARGES *	<input type="text" value="150.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ CONTRACTUAL (CTR)	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>
\$ OTHER PAID	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>
G. DAYS OR UNITS OF SERVICE *	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
J. RENDERING PROVIDER NPI	<input type="text" value="1234567819"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<div style="border: 1px solid #ccc; padding: 2px;">213E00000x</div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>	<div style="border: 1px solid #ccc; padding: 2px;"> </div>
	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> <input checked="" type="button" value="Validate"/> <input type="button" value="x"/> </div>					

Once line 1 is complete hit Validate. Once the line is Validated you may Add a second line or continue with the claim.

24.	1 *	2	3	4	5	6
A. FROM DOS *	05/01/2019					
TO DOS *	05/01/2019					
B. PLACE OF SERVICE *	11					
C. EMERGENCY	Select	Select	Select	Select	Select	Select
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	99123					
PROCEDURE MODIFIER						
NDC						
NDC QUANTITY						
NDC UNIT OF MEASURE	Select	Select	Select	Select	Select	Select
E. DIAGNOSIS POINTER *	A	A	A	A	A	A
F. \$ CHARGES *	150.00					
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID						
G. DAYS OR UNITS OF SERVICE *	1					
H. EPSDT/FAMILY PLANNING	Select	Select	Select	Select	Select	Select
J. RENDERING PROVIDER NPI	1234567819					
RENDERING TAXONOMY	213E00000X					
	Update	Add				Save

Similar to a paper claim, you will only be able to submit 6 lines. Please remember to enter any applicable information if you are entering a TPL or Medicare crossover (XOver) claim.

Hit the Save Button

Section 4 (Billing Totals, Servicing Zip, Patient Account)

Enter the Patient Account number if applicable.

The \$ Total Charges will be totaled from the amounts entered into 24F. If there is TPL please enter the sum of all payment amounts identified in 24F \$ Other Paid.

25. FEDERAL TAX I.D.		26. PATIENT'S ACCOUNT NO.	
28. \$ TOTAL CHARGE *	150.00	29. \$ TOTAL AMOUNT PAID	
32. SERVICE FACILITY LOCATION ZIP CODE *	57123-1234		
			Save

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

Add Attachment

Cancel

Submit

Hit the Save Button

ATTACHMENTS

You may add up to 2 attachments in either a PDF, JPEG and/or GIF formats. These attachments could be primary EOBs, notes, invoices, or documentation supporting your claim. Each attachment can be a max 10 mb.

Please review your attachments. If you are not able to clearly read the document attached, SD Medicaid will encounter the same difficulty.

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

+ Add Attachment

1	SAMPLE.jpeg	16 KB
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✕ Cancel

✓ Submit

SUBMISSION

Remember you must have all sections Saved in order to submit a claim

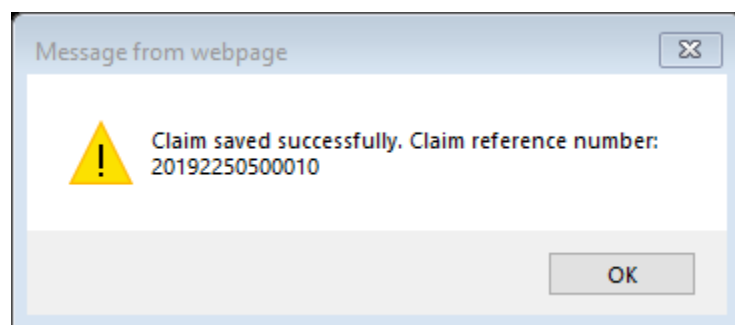
Upon hitting Submit there will be a declaration box to “OK”. This declaration takes place of the “Signature Box” on a paper claim.

I declare and affirm under the penalties of perjury that any claim submitted will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

OK

Cancel

Once you hit “OK” the program will give you a claim number.



The claim reference number will also be on the Submission List.

ADDITIONAL NOTES

Changes

Prior to submitting a claim should you notice anything you need to change. Hit the “Update” button on the section. This will allow you to make changes to that section.

If you are updating Section 3, you will have the option to update each line individually. After making an update you will need to Validate the line.

Upon completion you will be required to hit Save on the updated section.

24.	1 *	2	3	4	5	6
A. FROM DOS *	3/27/2019	3/27/2019				
TO DOS *	3/27/2019	3/27/2019				
B. PLACE OF SERVICE *	12	12				
C. EMERGENCY	Select	Select	Select	Select	Select	Select
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	I1970	I2275				
PROCEDURE MODIFIER	lt rt	lt rt				
NDC						
NDC QUANTITY						
NDC UNIT OF MEASURE	Select	Select	Select	Select	Select	Select
E. DIAGNOSIS POINTER *	A	A	A	A	A	A
F. \$ CHARGES *	1594.94	317.84				
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID						
G. DAYS OR UNITS OF SERVICE *	1	1				
H. EPSDT/FAMILY PLANNING	Select	Select	Select	Select	Select	Select
J. RENDERING PROVIDER NPI						
RENDERING TAXONOMY	335E00000X	335E00000X				
	Update	Update	Add			Update

NOTIFICATIONS

Items needing documentation attached

If the claim is past timely filing (6 months), has TPL indicated, or in the case of a Future Date Medicare Xover; an attachment will be necessary in order to submit.

25. FEDERAL TAX I.D.		26. PATIENT'S ACCOUNT NO.	
28. \$ TOTAL CHARGE *	150.00	29. \$ TOTAL AMOUNT PAID	15.00
32. SERVICE FACILITY LOCATION ZIP CODE *	57501		

[Update](#)

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

[+ Add Attachment](#)

Attachment is required when Total Amount Paid entered

[X Cancel](#)

[✓ Submit](#)

SUBMISSION LIST

The Submission List will show the last 30 days of claims that have been saved and submitted. As a Provider Administrator you will be able to see all claims saved and submitted for the billing NPIs associated with your account. As a Provider User you will only be able to see claims you have worked on.

Claim Submission List

Search results are within last 30 days. A Billing NPI is required for the search.

Claim Ref #	Recip ID	Patient Account #
From DOS	To DOS	Proc Code
Select Status		

Status Information:

- In Process** - Claim has not been submitted by the provider.
- Submitted** - Claim has been sent to SD Medicaid.
- Rejected** - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.
- Accepted** - Claim is currently being processed by SD Medicaid.

Billing NPI	Servicing NPI
Billing NPI	Servicing NPI
Select One *	<input type="checkbox"/> Select All
<div>1234567890 <input type="radio"/></div> <div>1555566667 <input type="radio"/></div>	

[Search](#) [Reset](#)

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
+ 20192200500010	1234567890	1324567890	123000123	ABC123	Jackson.McJohn@provider.com	Rejected	View
+ 20192250500020	1555566667	1555566667	231000123	Xy123z	Jane.Doe@provider.com	Accepted	View
+ 20192250500010	1555566667	1555566667	555111555		Jane.Doe@provider.com	Submitted	View
+ 20192260500010	1234567890	1324567890	123000123	ABC123	Jackson.McJohn@provider.com	In Process	Update
	1234567890	1324567890	555111555		Jackson.McJohn@provider.com	In Process	Update
	1555566667	1555566667	231000123		Jane.Doe@provider.com	In Process	Update

<< < 1 > >> Go to page: Row count: Showing 1- 6 of 6

STATUS INFORMATION

In Process

This is a partial entered claim that has not been submitted to SD Medicaid. A claim in this status can be updated or deleted. Note, at minimum Section 1 must be saved in order to have the claim on this list.

Submitted

This is a completed claim and has been submitted to SD Medicaid. Note, if the claim is submitted after 4:30pm CST, it will not be picked up by our system until after 7:30am CST the next business day. A claim in this status can only be viewed.

Accepted

This claim has been accepted by SD Medicaid and will be processed. A claim in this status can only be viewed.

NOTE: Claims submitted via the Provider Portal are considered electronic claims. If you have an EDI provider and you submit a claim on the portal that claim will also show up on your 837p.

Rejected

This claim was not able to be accepted by SD Medicaid. This may happen if there is a server issue or other web related issue. A claim in this status can only be viewed. **A brand-new claim will need to be submitted.**

SUBMISSION LIST MISC. INFO

Locked

As a provider admin, you may see that a in process claim is locked. This means that someone is currently working on the claim. If you hover over the padlock or hit update, it will give you the email of the person working on the claim. The record cannot be viewed until the person exits the claim, or in the case they have walked away from their computer, 24 hours later.

Search Options

If you are using any of the search options available to narrow down your results you will need to enter a Billing NPI.

Claim Specific Details

By clicking the “+” you will be able to see claim specific details on the claim.

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action		
+	20192260500030	1234567890	1555566667	231000123	ABC123	Jackson.McJohn@provider.com	Accepted	View	
+	20192250500020	1234567890	1555566667	123000123	ABC123	Jackson.McJohn@provider.com	Accepted	View	
-	20192320500010	1234567890	1555566666	123000123	test123	Jane.Doe@provider.com	Accepted	View	Link
From DOS		To DOS	Proc Code	Billed Charges					
05/30/2019		05/30/2019	T4524	\$150.00					

QUICK ANSWERS

- Why are not all fields required for claims submission?
 - Online claims submission is not for a specific provider but for multiple providers. Required information varies based on services provided or on the restrictions of the provider enrollment. Please follow the same requirements that are required on a paper claim submission. <https://dss.sd.gov/medicaid/providers/billingmanuals/>
- Am I able to scan in a claim and have it auto-populate fields?
 - No, all data will need to be typed in for every claim submitted.
- Am I allowed to submit an adjustment claim or void claims?
 - This is currently not an available function but has been added for development at a later date.
- Am I allowed to see what others in my department have been working on for the provider's NPI?
 - The Provider Administrator is the only user who can see the provider's online claims submission history. A Portal User is limited to their individual log in with the combination of billing and servicing provider's NPI assignments.
- Am I able to correct a claim once I have clicked the submit button?
 - No, once the submit button is clicked, your claim has been submitted. Please review the claims submission list for more details.
- Am I able to save and come back to a claim?
 - Yes, although a "saved" non-submitted claim will only be on the user's claim submission list for a maximum of 30 days.
- I have a rejected claim, now what? Please provide a screen shot of the rejected claim.
 - Please re-enter and submit a new claim. If the claim is again rejected please contact DSSonlineportal@state.sd.us; Please provide a screen shot of the rejected claim.